Family Day Care Homes

Pre-Operation Visit to add FDCH Providers to CNIPS Application

Name of Sponsoring Organization: _____

CNIPS NUMBER: _____

1. Provider Name and Address: _____

_____

_____KY _____

Phone Number: _____ County: _____

Email Address: _____

2. Provider's children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

3. Does the Provider plan to claim the meals for reimbursement served to his/her own children? YES NO

4. Is the Provider claiming related children over capacity? YES NO

IF YES, list the names of the children and the relationship to the Provider:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Provider Type: REGISTERED _____ CERTIFIED _____ LICENSED _____ (include document)

   Capacity _____ Expiration Date _____/_____/_____ Operating Time _____

   Meals to be claimed: Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Supper ____ LN Snack ____

6. Has the Provider received training on CACFP requirements? YES/NO DATE: _____

7. Is the Provider willing to maintain appropriate CACFP required documents? YES/NO

8. Are the kitchen and dining areas clean and appropriate for food service? YES/NO

9. Are thermometers available and in working condition for refrigerator and freezer? YES/NO

10. Is this area/county served by another Sponsoring Organization? YES/NO

    If YES, list name of Sponsoring Organization: _____

11. Has the Provider participated in CACFP with another Sponsoring Organization OR as Type I Institution? YES/NO

    If YES, list name of Sponsoring Organization OR Name of Daycare Center and dates of operation:

    _____ DATE: _____

12. Has the Provider ever been terminated or determined to be Seriously Deficient? YES/NO

13. Does the Sponsoring Organization have any other Provider in the county? YES/NO

    If YES, how many providers in this county? _____

14. Is this Provider located within 100 miles of the Sponsoring Organization office? YES/NO

15. List the Family Day Care Home Monitor assigned to this Provider. _____

_____

Signature of Family Day Care Home Provider Date

_____

Signature of Sponsoring Organization Representative Date